

Civil Action No.

2023 MAR 24 AM 9:13

PROOF OF SERVICE

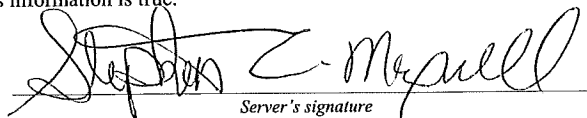
U.S. DISTRICT COURT
MIDDLE DISTRICT OF TN
(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))This summons for (name of individual and title, if any) SHEILA JACKSON-LEE
was received by me on (date) 03/16/2023

- ☐ I personally served the summons on the individual at (place) _____ on (date) _____; or
- ☐ I left the summons at the individual's residence or usual place of abode with (name) _____, a person of suitable age and discretion who resides there, on (date) _____, and mailed a copy to the individual's last known address; or
- ☐ I served the summons on (name of individual) _____, who is designated by law to accept service of process on behalf of (name of organization) _____ on (date) _____; or
- ☐ I returned the summons unexecuted because _____; or
- ☒ Other (specify): SERVED UPON DEFENDANT VIA PRIORITY MAIL AND CERTIFIED MAIL W/RETURNED RECEIPT

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00

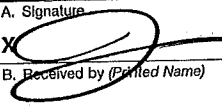
I declare under penalty of perjury that this information is true.

Date: 03/24/2023


 Server's signature
STEPHEN C. MAXWELL, PLAINTIFF
Printed name and title5331 MT. VIEW ROAD/#166
ANTIOCH, TN 37013
629-772-1587

Server's address

Additional information regarding attempted service, etc:
CERTIFIED MAIL# 7021095000002850830
RETURN CARD# 9590 9402 6962 1225 2969 89

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Sheila Jackson-Lee Rayburn Home Office Bldg 2079 Washington DC 20515</p> <p>9590 9402 6962 1225 2969 89</p> <p>2. Article Number (Transfer from service label)</p> <p>7021 0950 0000 0285 0830</p>	<p>A. Signature</p> <p>X  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p>